

# CLAIMS ONLY

BEST AVAILABLE COPY

Application Number

10/775,680

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1		1			
14						
15						
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18	1		1			
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46						
47						
48						
49						
50						
Total indep	3		3			
Total depend	19		19			
Total claims	22		22			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total indep						
Total depend						
Total Claims						